MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52					←		
3		/		/			53							
4		/		/			54							
5		/		/			55							
6							56							
7	8			5			57							
8	8			5			58							
9	8			5			59							
10	8			5			60							
11							61							
12		0					62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.		↓	25	↓		↓	TOTAL DEP.			↓		↓		↓
TOTAL CLAIMS			26				TOTAL CLAIMS							